



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

Collaborators: Blanche Pfefferkorn, R.N., and Grace Watson, R.N.

SUMMARY OF CONFERENCES WITH SUGGESTIONS FOR HEAD NURSES¹

BY EFFIE J. TAYLOR, R.N.

Associate Superintendent, Johns Hopkins School for Nurses

1. As Administrative Officers.
2. To Patients.
3. To Doctors.
4. To Student Nurses.

Administration: 1. The Head Nurse is in charge of the Ward and administers it according to authority given her. This authority should be used wisely, with dignity and a keen sense of responsibility, but not *autocratically*.

2. All questions of administration not thoroughly understood should be referred to some authority in the Training School Office or to such place as she may be directed before making a decision or taking a stand.

3. Never discuss interviews which may be misunderstood or misconstrued which you have had with the Training School Office or other offices of administration. Remember in your ward you represent the authority which placed you there and as long as you are willing to hold the position you have accepted, it is your duty to uphold the administrative policies as outlined by those in higher authority and to show yourself to be a loyal representative. If, for any reason, you differ with these policies or cannot uphold them, make it your business to take up those things in conference with authorities concerned. Sometimes it is possible that the person having the closest contact with the situation can throw a new light on a situation and something better may be outlined through your observations.

4. The Head Nurse is responsible for all property belonging to the ward. She should see that everything in the ward is always in a state of repair and in condition to use. There are routine days for exchange and requests for repair. Daily inspection should be made that nothing be allowed to deteriorate beyond repair or exchange. Silver should be counted daily; dishes and kitchen utensils, counted weekly. An entire inventory should be taken once each month of all other apparatus and utensils in use on the ward.

A definite day and hour should be set aside for these things, and

¹ This discussion was begun in the June number of the *Journal*.

the head nurse should make these counts personally, taking different nurses with her that they may receive instruction.

Missing articles should be reported, not verbally, but on the proper form for the purpose or on the exchange or repair sheets.

5. The head nurse is responsible for the housekeeping on her ward and a dirty, untidy, poorly kept ward is a reflection on no one but the head nurse. Orderlies and maids are supplied to her, to work under her direction and it is her responsibility to see that they do their work well. It should not be necessary for the Supervisors to say "Your floors need attention." "Your windows are dirty and the woodwork above your doors is thick with dust." It may not always be possible owing to labor conditions to have everything done as well as one would desire, but an alert head nurse who understands her business will not leave the opportunity open for criticism and everyone will know it is not because she has not had a plan worked out, but for some other reason it has failed to be accomplished.

The head nurse should feel a personal responsibility towards the servants in her employ, and approval as well as disapproval of their work should be made a comment. The work should be daily outlined and inspected and constructive criticism should be made. Here a personal pride in things should be encouraged. No one will do good work if he feels it does not make any particular difference whether it is done or not.

Always plan to have some special thing done in addition to the regular work each day by both maids and orderlies and be sure *to note* whether or not it is done.

Do not expect your relief orderly or maid to make up for all the deficiencies of your regular maid or orderly and give your ward a regular house cleaning on their "day off."

Never send your newest people on all your errands and expect them to respond accurately and quickly. Remember the hospital is a big and complicated place to find locations in and it takes experience to get about.

Never reprove your maid or orderly for failing to do what you have neglected to make clear to them. Take the trouble to make them understand what your orders are and how you desire to have them carried out and make them feel it is of personal importance to you whether they do good work or bad. People, no matter in what sphere, desire to be considered of some importance.

6. The *head* nurse, *not* the *senior* nurse, is responsible for the ordering of all supplies for the ward. Nothing should be ordered that she does not know is required. For this reason, before making out the daily, weekly or monthly orders, the head nurse should know

whether she has the standard allowed or whether the articles desired are necessary. All articles desired over and above the standard allowed should be requisitioned on a special order form, described as "New" and some explanation for the use made. These articles should be added to the inventory in the Training School Office. These requisitions are made on the 28th day of each month.

All diet slips should be made out by the head nurse, and no orders be requested which are not necessary.

Special diet orders on public wards, such as cream, etc., must all be passed upon before going to the Dietary Department. These things are only allowed by a doctor's order for which there is a special reason which the head nurse can explain. There is a definite standard in ordering the daily food supplies per capita and the head nurse in ordering should not exceed this without a special order. See that you are provided with this information.

It is necessary to check up the supplies when they come to the ward so that all reports of things missing or in poor condition may be made intelligently from first-hand knowledge and not from reports after several hours have elapsed when no proof is forthcoming.

7. The head nurse should know how all supplies are used; it is not enough to order correctly. Correct distribution and apportionment are quite as important and belong to the department of administration which the head nurse represents. All supplies should be used for the purposes for which they are ordered and exceptional uses should receive individual attention. The head nurse should always know whether these supplies are used for the patients or by other persons for whom they are not ordered. Her own attitude in this particular will set the standard for her ward and what occurs on the ward in the use of supplies is a fair index of her ability to administer.

All difficulties in orders or in the filling of orders or in exceptional situations should be adjusted between the *head nurse and the department concerned* and never passed over to *pupil nurses* for adjustment. Personal interviews, when possible, are more desirable than telephone conversations. State definitely only the situation of which you have proof and ask if it may be corrected.

The head nurse should supervise the serving of meals.

8. All hospital records belong to the department of administration and are therefore the head nurse's responsibility. They include everything from the admission slips of the patient to the clothes-books containing the record of the patient's clothes. For the proper recording and checking up of all these slips the head nurse, and not the pupil nurse, will be held responsible. It is not enough for the head

nurse to assume that because she is off duty, day or night, when a patient is admitted or discharged, that she is not responsible. Immediately on coming on duty, she should verify whatever has been done and all mistakes should be corrected at once when everyone engaged in the transaction is still available. She should know all about the patient's valuables and money and be sure they have been properly signed for and located in the place of safety provided by the hospital. All the books on the ward relative to administration must be kept by the head nurse, not by the pupil nurses.

9. The head nurse when possible should see the patient's relatives and friends and at once make them feel she is the person to whom they should go for information. She should remember in dealing with them that she represents the hospital and from her they largely gain their impressions and get their sense of confidence or otherwise. She should keep herself acquainted with all kinds of information necessary to make for a helpful spirit in the hospital administration. What she does not know she should take the trouble to find out, and never allow a question to be asked her a second time which she cannot answer. She should explain carefully the rules and regulations concerning visiting, etc., and not wait till these rules are broken and then reprove in a disagreeable manner what her foresight might have prevented.

She should not be one thing to one patient and his friends and another thing to another unless the serious condition of the patient or some exceptional circumstances connected with the patient makes a deviation from the general order desirable. Firmness without arbitrary rule will be understood and accepted in the majority of cases, but judgment must always be used and advice asked when situations likely to cause dissatisfaction arise. Never take a stand unless you are sure you are right. It is much better to wait and find out.

10. Consider the patient as an individual and not as a case or one of a group. When dealing with administrative questions, take the trouble to explain when personal requests cannot be granted. Listen to the complaints of the patients and take the trouble to find out if they have a foundation or if there is a logical reason for them. In making them a subject of investigation speak frankly to all concerned, but not in the spirit of reproof till you find out a reproof is what is necessary. Let the patient understand that all are working together to help get him well, but do not encourage discourteous criticism.

11. Keep yourself well informed concerning every patient on the ward. Get as much information as possible concerning the pa-

tient's history and social environment and you will know much more intelligently why things are done and how to deal with the situations which may arise. Show coöperation. Ask questions and make personal observations, but never discuss professional things non-professionally or thoughtlessly.

12. The head nurse's relationship to the Medical Staff should be one of coöperation, not *one of dictation*.

The head nurse is an administrative officer and must see that the necessary routine orders and regulations are obeyed. Usually if she is frank at the outset with the ward physician, so that he understands that she is the person held responsible, and if she goes over the things desired and asks for coöperation she is quite likely to get it, in a measure at least.

Frequent conferences and a working out together of schemes for the advantage of the ward work and ward routine will help a good deal in gaining coöperation. "Our Ward"-feeling, not "My Ward"-feeling is the spirit to encourage. Usually both internes and head nurses are young and full of enthusiasm and often both lack experience. When this fails, some appeal to the resident physician may help and failing this, higher authority should be sought rather than force disagreeable issues. The head nurse should in all such instances hold herself and position with dignity and any undue familiarity or unprofessional conduct will put her in an embarrassing position which will tend to lessen her authority as a ward administrator and will handicap her in her usefulness and in her success and at the same time will lower for her the personal respect in which it is desirable all nurses should be held by the medical profession as co-workers in the hospital.

13. The head nurse is a teacher. Perhaps her most important work in the ward is that which relates to the teaching of the student nurse. This is often forgotten and the relationship between the head nurse and the student nurse is that which exists between the "Boss" and the apprentice in a factory. In no case is this attitude the correct one. The head nurse is assigned to direct the nursing of the sick patients on her wards and the student nurses are assigned to her ward for instruction and teaching in nursing. To them she has a responsibility which no one else can assume, and whether or not they develop into good or poor nurses and whether or not the patients on the ward receive adequate nursing care depend on what type of instruction she gives them. What ideas or ideals they develop concerning nursing and ward administration are dependent almost entirely on what impressions they gain from the head nurse. To her the student nurses

look for standards. Class room instruction has its value, but ward instruction, when class room teaching is applied, has a greater value.

The head nurse is a remarkable person in the eyes of a probationer or Junior nurse. She is looked up to as the person who knows and who has been placed by the hospital in a responsible position and she should guard her position with jealous eyes lest she err in judgment or fall short of her duty, and it is a fortunate head nurse who retains the same respect when the student has become a Senior. In dealing with the student nurse, think of her as a "student," not as a person "sent to do the work," only. Treat her as an individual. Find out what she knows and supplement by instruction what she does not know, instead of finding fault with her for seeming ignorance. Lead her on from one thing to another and watch her development. Add to her responsibility. Create in her ideals for her work and be her example. On the other hand, uphold your dignity and do not err on the side of over familiarity. Expect the best always and do not accept work which is less. Be consistent in your teaching and live up to the ideals you stand for.

When the student nurse first comes to your ward, explain to her the work, not all at once, but step by step,—in other words, "instruct" her and "observe" her.

Introduce her to her patients and explain the nature of their illness and from time to time hold conferences individually or collectively with your nurses over the progress of the patients.

Do not report a nurse as inefficient unless you have carefully directed and taught her in detail, not once but many times,—and then if you find her incapable of understanding or unwilling to coöperate or try. Work with each nurse individually and do not expect more of her than was expected of you as a young nurse. Remember there was a time when you knew little or nothing and even now you have to be guided and directed and you frequently make careless mistakes which are quite comparable with the mistakes you report as unheard of and almost unforgivable in your student nurses. Rather try to think that perhaps your teaching has been at fault and go at it again from another point of view. Do not give up till your own resources are exhausted. One never wants to be considered a failure and we are all judged more or less by the results we get, and our ability to teach is judged by the kind of work our student nurses do, therefore, the reflection, when poor work is done, quite frequently, is on the teacher and not on the student.

14. As a head nurse, never be satisfied to leave a ward simply as you found it. At the close of your period of service leave some

contribution of your own by which the ward administration is better for your having been there.

Do not expect to revolutionize things. Keep an open mind,—willing to take advice. We can all learn from the experience of others, and there may be many details with which you are not familiar, so do not criticise those in authority unless you have constructive criticism to offer. Mere criticism is easy, helpful criticism is the evidence of ability.

Develop the spirit of loyalty and service without which a nurse is valueless either as a bed-side nurse, a public health nurse, a teacher or an administrative officer.

15. There are some every day routine things which it may be helpful to remember in order to facilitate the daily running of your ward:

(a) A careful, not a hurried assembly in the morning when the work of the night has been reviewed and directions and assignments for the day work given;

(b) Spend a few minutes with the night nurse and see the very critically ill patients with her;

(c) Instruct any new nurses on duty and introduce them to their work and their patients;

(d) Make out the hour slips for the day and post the nurses' work and medicines.

(e) Visit every patient on the ward. This does not take long, sometimes only a moment has to be spent with one, while longer with others. The nurses are now bathing and working over their patients and this is the opportune time to see the patients with their own nurses, to look at possible suspicious backs or other things that may be reported. Each day make a point of thoroughly inspecting a certain number, and it is a good time to give the nurse advice or to criticise her, whichever it may be, (not in the patient's presence, however). Nothing gives the patients more pleasure than this bed to bed morning visit by the head nurse. The nurse often gets information first hand in this way which otherwise she may get later after medical rounds in a most unhappy and unpleasant way.

(f) See your maid and orderly and spend a few minutes with them.

(g) If morning rounds happen to be scheduled, much of this work has to be very quickly done, unless you assign the conduct of rounds to your senior nurse. This you should frequently do, that time given to duties may not be merely perfunctory.

(h) Do the special work assigned for the day.

(i) Inspect supplies.

(j) Arrange for a conference with the ward doctors.

(k) Have conferences with your nurses.

(l) Confer with your Senior nurse before going off duty. Outline the work you desire to have her supervise in your absence. Plan for any situations you know will arise. Give her instructions about the orderly and maid. Tell her about the classes for which she must plan relief.

(m) On returning, check up everything outlined and hold a conference on the way emergencies have been met during your absence. Correct mistakes. See your maid and orderly and inspect their work.

(n) Prepare for the work of the night. Post all orders, etc. See all the ill patients and inspect the work of the nurses as they prepare them for the night. Inspect all supplies for the night and interview the nurse who takes over the ward.

REDUCTION OF ILLNESS AMONG STUDENT NURSES

A study of illness of student nurses at the Presbyterian Hospital of Chicago, gave the following results: The diseases which caused the greatest loss of time during one and a half years are, in the order of their importance: Tonsillitis, Scarlet Fever, Influenza, and Arthritis. Influenza was present only during two months when it was epidemic. Following preventive measures against throat infections among the nurses, there was a reduction of 58 per cent in the time loss due to tonsillitis; 78 per cent in the time loss in scarlet fever; and 91 per cent in the time loss due to arthritis.

The following measures were employed: (1) Complete physical examination of nurses at the beginning, instead of at the end, of their probation; (2) early isolation. Nurses were urged to report sickness as soon as possible, and every nurse with a sore throat was isolated as early as possible whether or not she had a rash; (3) Removal from hospital for a time following recovery. Nurses were sent home before being allowed to return to duty; (4) Tonsillectomy in those individuals having repeated attacks of tonsillitis, and especially in those who also had arthritis.

GEO. F. DICK in *Nation's Health*.

MESSAGE OF PRESIDENT EPITACIO PESSOA TO ELEVENTH CONGRESS OF BRAZIL

The following excerpt is of special interest because it is the first time to our knowledge that nursing or nursing education has been mentioned in a Presidential message. The Division of Tuberculosis, recently organized, is already working regularly and showing continuous development. Tuberculosis is a problem of tremendous importance in our country, especially in Rio Janeiro, where the disease shows a very high death rate. We are only at the beginning of such work, as the city needs immediately 1,000 beds for the tuberculous. In close connection with the prevention of tuberculosis is a public health nursing service, which is now being organized in the Department of Health. The lack of well-trained nurses in our country is a serious hindrance in the treatment of the sick, both institutional and private. To fill this great need the government has decided to establish a Training School for Nurses. This will represent an important advancement for the sanitary administration and at the same time a wider field for the efficient activity of the women of Brazil.